

LEO JAN 24 1943 99

Primary Registration District No. **1002**

Registrar's No. **4625**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution **3516 Summit Street,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 9-30-41**
(Specify whether
In this community **50 years,** /
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Florence Craddock,**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **NO.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**
6. (b) Name of husband or wife **John Craddock,** 6. (c) Age of husband or wife if alive **6** years
7. Birth date of deceased **February** **1890**
(Month) (Day) (Year)

8. AGE: Years **51** Months **10** Days **6** If less than one day
hr. min.

9. Birthplace **Missouri,** **h**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Robert Hadder,**

13. Birthplace **England,** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **May Holmes,**

15. Birthplace **Missouri,** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Katherine Byer,**

(b) Address **Perkins, Oklahoma,**

17. (a) **Removal** (b) Date thereof **12- -41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis, Missouri,**

18. (a) Signature of funeral director **Stine & McClure,**
3235 Gillham Plaza, Kansas City, Mo.

(b) Address **Dec. 13, 1941 in Crown**
19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,** **048**
(c) City or town **Kansas City,** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **103 East 41st Street,**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12th**
year **1941** hour **7:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Chertomas,**
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Capillary carcinoma of the sigmoid colon with extensive metastases to the liver.
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **X b c**

Of autopsy **As above**
Hydrocephalus

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury
23. Signature **D. Don. C. Black** (M. D. or other) **M.D.**
Address **Professional Bldg** Date signed _____

(Licensed Embalmer's Statement on Reverse Side) **by Dr. D. Don. C. Black M.D.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Wallis H. Bennett, Registered Apprentice No. 282
working under my personal supervision.

Signed

[Signature]
Licensed Embalmer No. 1418

P. O. Address 14. P. 170

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.